

**REMARKS**

Claims 1, 2, 4-13 and 15-22 are pending in this application with claims 1, 4, 7 - 10, 12, 15, 17-19 and 21 being amended by this response. Claims 3 and 14 are cancelled by this response. Claims 1, 2, 4, 6-8, 10, 12, 15, 17-19 and 21 have been formally amended to clarify the scope of the present invention. Specifically, the claims have been amended to recite "ventilator parameters and settings" to more clearly recite the present invention is concerned with the settings for a ventilator as opposed to the measured values obtained through monitoring by the ventilator. Support for the amendment can be found throughout the specification, particularly on page 5, lines 26 - 29, page 6, lines 2 - 5 and page 8, lines 15 - 33. Therefore it is respectfully submitted that no matter has been added by these amendments. It is further respectfully submitted that no new issues have been raised by the amendments to claims 1, 4, 6-8, 10, 12, 15, 17-19, and 21.

**Rejection of Claims 1 and 12 under 35 U.S.C. 103(a)**

Claims 1 and 12 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gilmore et al. (U.S. Patent No. 5,931,160) in view of Reuss et al. (U.S. Patent No. 6,406,426 B1). These claims, as amended, are deemed to be patentable for the reasons given below.

Amended claims 1 and 12 recite an internet compatible system and method for displaying medical information derived from a plurality of sources. The system includes a communication network for acquiring ventilator parameters and settings associated with a patient on a substantially periodic basis and in response to a user command. The system further includes a device for prioritizing received ventilator parameters and settings for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters and settings. A display generator initiates generation of data representing a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing the changed ventilator

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parameters and settings. These features, as will be discussed herein below, are neither discussed nor suggested by either Gilmore et al. or Reuss et al. alone or together.

Gilmore with Ruess disclose a system and method for simulating status of the pulmonary system of a patient connected to a ventilator pneumatic system. The method includes the steps of setting breath parameters and then predicting the reaction of a patient's pulmonary system to adjustments to the controls of the ventilator pneumatic system. This system uses settings to simulate a scenario based on set parameters, not on acquiring them.

Gilmore et al. does not teach a system for displaying medical information comprising "a communication network for acquiring ventilator **parameters and settings** associated with the passage at a patient on a substantially periodic basis and in response to a user command." Rather, the passage at column 4, lines 35-58 of Gilmore et al. cited by the Examiner merely show a method for simulating the status of the pulmonary system of a patient connected to a ventilator pneumatic system. The steps include setting breath parameters, predicting the status of the patient, displaying images, and setting control and alarm settings for breath parameters. The breath parameters are measured parameters, and the measured parameters are not equivalent to "ventilator parameters and settings" as in the present claimed invention. Measured parameters correspond to a specific data reading. "[V]entilator parameters and settings", on the other hand, control the operation of the ventilator, and thus are inherently different from measured parameters acquired by Gilmore et al..

Furthermore, Figure 12 of Gilmore et al., cited by the Office Action shows predictions "of the shape of the breaths using the two parameter model." Thus it is clear that the shape of the breath is a measured parameter derived solely from the patient predicted response to a change in setting and is not "a ventilator parameter and setting" as acquired by the present claimed invention. This is unlike the present claimed invention in which it is stated on page 1, lines 20 – 25," of the present application [i]n order to properly administer the ventilator, a caregiver must first set up various settings for the ventilator. Examples of commonly required settings to control a

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ventilator include: Peak Inspiratory Pressure (PIP) setting...; and Positive End  
Expiratory (PEEP) setting...". Therefore, Gilmore et al. with Reuss neither disclose  
nor suggest "acquiring ventilator parameters and settings associated with a patient on a  
substantially periodic basis and in response to a user command" as in the present  
claimed invention.

Additionally, neither Gilmore et al. nor Reuss et al. disclose or suggest that the  
acquisition of "ventilator parameters and setting" occurs "on a substantially periodic  
basis" as in the present claimed invention. In fact, Gilmore and Reuss are silent on  
acquisition of "ventilator parameters and settings" as in the present claimed invention  
and both Gilmore and Reuss fail to provide any 35 USC 112 compliant disclosure  
enabling a system for "acquiring ventilator parameters and settings...on a substantially  
periodic basis" as in the present claimed invention. In fact, Gilmore et al. teach against  
acquisition on "a substantially periodic basis". Specifically, Gilmore et al. require that  
the user input desired setting related to breath parameters and that the system, once  
activated responds only to the parameters set by the user and stored in memory (see  
Gilmore et al., col. 3, lines 40 – 67). Gilmore et al. discloses fixed acquisition of  
parameters, i.e. being set by a user, and thus neither disclose nor suggest  
"acquiring...on a substantially periodic basis" as in the present claimed invention.  
Similarly to Gilmore et al., Ruess et al. neither disclose nor suggest the above claimed  
feature. Ruess et al. merely disclose that the parameters stored in a device can be  
transmitted over a network to another second device. Similarly to Gilmore et al., Ruess  
is silent regarding an interval for acquiring "ventilator parameters and settings" and,  
thus neither disclose nor suggest that "ventilator parameters and settings" are acquired  
"on a substantially periodic basis" as in the present claimed invention.

Additionally, Gilmore et al. neither disclose nor suggest a system including "a  
device for prioritizing received ventilator parameters and settings for display in a  
desired order and for allocating an attribute to distinguish changed ventilator  
parameters and settings" as in the present claimed invention. Contrary to the assertion  
made by the rejection, the claimed feature of the present invention is neither disclosed  
nor suggested by Gilmore et al. alone or combination with Reuss et al. Specifically,

disclose a system able to have settings input by a user for controlling a therapeutic device wherein the device has the ability to simulate “status of the pulmonary system of a patient connected to a ventilator pneumatic system” in response to the entered settings. The effect of the system disclosed by Gilmore et al. is to predict how adjustments to the ventilator pneumatic system will affect the patient’s breathing. The present claimed invention, on the other hand, is not concerned with predictions. Rather, the present claimed invention is concerned with “acquiring...ventilator parameters and settings...[and] prioritizing received ventilator parameters and settings.” These features are neither disclosed nor suggested by Gilmore et al. Furthermore, Gilmore et al. is silent regarding the inventive aspect of the present invention which discloses “a device for prioritizing received ventilator parameters and settings for display in a desired order”. In fact, due to the reasons present above regarding Gilmore’s failure to disclose “acquiring ventilator parameter and settings...on a substantially periodic basis”, the operation of the Gilmore system fundamentally differs from the present claimed system which discloses “a device for prioritizing received ventilator parameters and settings”.

Furthermore, cited Column 13, lines 12-35 of Gilmore et al. teach alarm settings in relation to **measured** parameters which refer to physiological data monitored by the device. Therein, Gilmore et al. disclose that if “an alarm limit is exceeded during operation...the alarm turns on.” The present claimed invention, on the other hand, discloses that whenever a ventilator parameter and setting are changed, the change is identified to alert the users that the change has been made. Specifically, the present claimed invention allocates “an attribute to distinguish changed ventilator parameters and settings” wherein, for example, the attribute is a different color. The alarm setting as disclosed by Gilmore et al. is activated only when a limit is exceeded. The present claimed invention operates in a completely different manner from Gilmore et al. Specifically, the present claimed invention discloses “a device for...allocating an attribute to distinguish changed ventilator parameters and settings”. Therefore, Applicant respectfully submits that none of the definitions or methods of Gilmore et al. disclose or suggest “a device for prioritizing received ventilator parameters and settings

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for display in a desired order and for allocating an attribute to distinguish changed  
ventilator parameters and settings” as in the present claimed invention.

Furthermore, Gilmore et al. also neither disclose nor suggest “a display generator for initiating generation of data representing a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing changed ventilator parameters and settings” as in the present claimed invention. The display in Gilmore et al. shows software generated waveforms and icons for control and alarm settings. The display in Gilmore et al. also shows the current mode of ventilation, a variety of virtual instruments, flow-volume loops, pressure-volume loops, and a minute volume wheel. None of these features are “ventilation parameters and settings,” let alone “a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing changed ventilator parameters and settings” as in the present claimed invention. As discussed above with regards to the immediately preceding paragraph, these features are neither disclosed nor suggested by Gilmore et al.

As recognized in the rejection, Gilmore et al. neither disclose nor suggest that the system is “internet compatible” and that the medical information is “derived from a plurality of sources” as in the present claimed invention. Contrary to the Rejection, Reuss et al., similarly to Gilmore et al., also neither disclose nor suggest “an internet compatible system for displaying medical information derived from a plurality of sources” as claimed in claims 1 and 12 of the present invention.

Specifically, Column 4, lines 8-22 of Reuss et al. cited in the Office Action merely show that an “alert signal can be transmitted to an alert system which preferably comprises a number of remote access devices carried or located near caregivers.” Further, the cited column 9, lines 25-47 of Reuss et al. disclose examples of remote access devices and couplings “allowing for a mobile caregiver to provide an acknowledgement signal from the remote access device to end a given alert condition signal.” Column 15, lines 3-10 of Reuss et al. disclose removing messages from the memory of the remote access device. These passages are concerned with alert signals

and systems, not “displaying medical information derived from a plurality of sources”. In fact, nowhere in these passages does Reuss et al., similarly to Gilmore et al., describe “an internet compatible system for displaying medical information derived from a plurality of sources” as in the present claimed invention.

Additionally, Reuss et al., similarly to Gilmore et al., neither disclose nor suggest “a communication network for acquiring ventilator parameters and settings associated with a patient on a substantially periodic basis and in response to a user command” as in the present claimed invention. Reuss et al., similarly to Gilmore et al., neither disclose nor suggest “a device for prioritizing received ventilator parameters and settings for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters and settings” as in the present claimed invention. Furthermore, Reuss et al., similarly to Gilmore et al., neither disclose nor suggest “a display generator for initiating generation of data representing a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing the changed ventilator parameters and settings” as in the present claimed invention.

Consequently, Reuss et al. teaches a medical monitoring and alert system but, similarly to Gilmore et al., neither disclose nor suggest “an internet compatible system for displaying medical information derived from a plurality of sources.” There is no suggestion in Reuss et al. (with Gilmore et al.) the claimed of “internet compatible system for displaying medical information derived from a plurality of sources.”

The combination of the system disclosed by Reuss et al. with the system disclosed by Gilmore et al. as suggested in the Rejection results in a system wherein an alert is issued to a remote access device when the outcome of a simulation input from a singular source, like a clinician, is met with negative results. Such a combined system neither discloses nor suggests “an internet compatible system for displaying medical information derived from a **plurality of sources**” as in the present claimed invention. The system resulting from the combination of systems disclosed in Gilmore et al. and Reuss et al. also neither discloses nor suggests “a communication network for acquiring ventilator parameters and settings associated with a patient on a substantially periodic

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basis and in response to a user command” as in the present claimed invention. Rather, the combination of Gilmore et al. with Reuss et al. discloses acquiring measured or simulated physiological parameters of a patient. Thereafter, the combined system displays these measured parameters and signals an alert if one or more parameters exceed a predetermined limit. The combined references fail to provide 35 USC 112 compliant enabling disclosure of “a device for prioritizing received ventilator parameters and settings for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters and settings” as in the present claimed invention. In fact, any alert generated by either Gilmore et al. or Reuss et al., alone or in combination with one another occurs only after the value exceeds the predetermined amount and not “to distinguish changed ventilator parameters and settings” as in the present claimed invention. Furthermore, the combination of Gilmore et al. with Reuss et al. neither disclose nor suggest “a display generator for initiating generation of data representing a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing the changed ventilator parameters and settings” as in the present claimed invention. Consequently, the system resulting from the combination of Gilmore et al. with Reuss et al. neither discloses nor suggests the system and method as claimed in claims 1 and 12 of the present invention.

In view of the above remarks and amendments to claims 1 and 12, it is respectfully submitted that there is no 35 USC 112 enabling disclosure in either Gilmore et al. or Reuss et al., alone or in combination that makes the present claimed invention unpatentable. Consequently withdrawal of the Rejection of Claims 1 and 12 under 35 USC 103(a) is respectfully requested.

**Rejection of claims 2-11 and 13-22 under 35 U.S.C. 103(a)**

Claims 2-11, and 13-22 are rejected under 35 U.S.C. 103(a) as being unpatentable over Gilmore et al. (U.S. Patent No. 5,931,160) in view of Reuss et al. (U.S. Patent No. 6,406,426 B1), and further in view of Shulman et al. (U.S. 2001/0030664 A1). These claims are considered patentable for reasons given in connection with previously discussed claims and for the following reasons.

Dependent claims 2, 6, 13 and 17 are considered to be patentable for reasons given in connection with claim 1 and because of their dependence on claim 1. Claims 2, 6, 13 and 17 are also considered to be patentable because while Schulman et al. disclose use of different colors to show the status of various systems and components of the network, Schulman et al., similarly to Gilmore et al. and Reuss et al., neither disclose nor suggests the “attributes to distinguish the changed ventilator parameters and settings” are “different colors” as in the present claimed invention. Schulman et al. disclose using different colors to convey the status of various systems and components of the network. However, Schulman et al., similarly to Gilmore et al and Reuss et al., are not concerned with the changing of “ventilator parameters and settings” and none of these references disclose displaying the attribute in a different color when a change in a “ventilator parameters and settings” is determined to change as in the present claimed invention.

Claims 4 and 15 disclose that “the display generator generates data representing a window for displaying said ordered ventilator parameters and settings in a first window”. Schulman et al., similarly to Gilmore et al. and Reuss et al., neither disclose or suggest this feature. The Office Action cites column 13, lines 8 – 35 and Figures 4 and 6 of Gilmore et al. in the Rejection as disclosing this feature. However, this passage merely discloses how a user would change the settings on a ventilator. Changing the settings is wholly unlike “a display of ordered ventilator parameters and settings and monitored parameters” as in the present claimed invention. Specifically, as discussed above, neither Gilmore et al., Reuss et al., nor Schulman et al., disclose or suggest “a device for prioritizing received ventilator parameters and settings for display in a desired order” as in the present claimed invention. Therefore, Gilmore et al., Reuss et al., and Schulman et al. cannot possibly disclose displaying “ordered ventilator parameters and settings” as in the present claimed invention.

With respect to claims 5 and 16, Schulman et al., similarly to Gilmore et al. and Reuss et al., neither disclose or suggest “a display generator comprises an Internet browser” as in the present claimed invention. The passages of Reuss et al. cited in the



Office Action disclose various remote access devices, but not an Internet browser.

Also, as admitted in the Office Action dated March 15, 2004, Reuss et al. does not incorporate an Internet browser. This feature is also neither disclosed nor suggested by Gilmore et al. or Schulman et al. and thus, the present invention as claimed in claims 5 and 16 is patentable.

Claims 7 and 18 disclose that “the device, in response to the user command, acquires a new set of ventilator administration parameters and monitored parameters” Similarly to Gilmore et al. and Reuss et al., Schulman et al. neither disclose nor suggest this feature. Specifically, the Office Action erroneously cites column 13, lines 8 – 35 of Gilmore et al. in support of this contention. However, as discussed above regarding the rejection to claims 4 and 15, what is actually disclosed herein is the ability of the user to change the settings of the ventilator. The present claimed invention, on the other hand, discloses a system wherein at the request of a user, the system updates the display to indicate if a change has been made to the ventilator parameters and settings somewhere in the communication network. Physically changing the settings as disclosed in Gilmore et al. is not a system that “in response to a user command, acquires a new set of ventilator parameters and settings...on a substantially periodic basis” as in the present claimed invention. Therefore, it is respectfully submitted that claims 7 and 18 are also patentable in view of Gilmore et al., Reuss et al. and Schulman et al.

Claims 8 and 19 recite that “the device prioritizes the received ventilation unit parameters and settings for display in a desired order in response to a second user command” as in the present claimed invention. The Office Action cites column 13, lines 8 – 35 of Gilmore et al. in support of the contention that the combination of Gilmore et al., Reuss et al. and Schulman et al. disclose this feature. Applicant respectfully disagrees. Rather, similarly as discussed above regarding claims 4, 7, 15 and 18, the cited passage in Gilmore et al. merely discloses the user being able to change the settings. Changing the settings is wholly unlike “prioritizing the received ventilation unit parameters and settings for display in a desired order in response to a second user command” as in the present claimed invention. Therefore, claims 8 and 19 are also patentable.

Dependent claims 9-10 and 20-22 are considered to be patentable for reasons given in connection with claims 1 and 12 and for their dependence on claims 1 and 12.

The combination of the systems disclosed by Gilmore et al., Reuss et al. and Schulman et al. as suggested in the Office Action results in a system wherein an alert is issued to a remote access device when the outcome of a stimulation input from a singular source, like a clinician, is met with negative results. Further, the combined system of Gilmore et al., Reuss et al. and Schulman et al., in response to the alert determines if an icon is to be displayed which represents the received alert. Such a combined system neither discloses nor suggests "an internet compatible system for displaying medical information derived from a **plurality of sources**" as in the present claimed invention. The system resulting from the combination of Gilmore et al., Reuss et al. and Schulman neither discloses nor suggests "a communication network for acquiring ventilator parameters and settings associated with a patient on a substantially periodic basis and in response to a user command" as in the present claimed invention. Rather, the combination of Gilmore et al. with any of Reuss et al. and Schulman et al. discloses acquiring measured or simulated physiological parameters of a patient. Thereafter, the system of Gilmore et al., Reuss et al. and Schulman disclose displaying these measured parameters and signalling an alert if one or more exceed a predetermined limit. This fails to provide a 35 USC 112 compliant enabling disclosure of "a device for prioritizing received ventilator parameters and settings for display in a desired order and for allocating an attribute to distinguish changed ventilator parameters and settings" as in the present claimed invention. In fact, any alert emitted by either Gilmore et al., Reuss et al. or Schulman et al., alone or in combination with one another occurs only after the value exceeds a predetermined threshold and not "to distinguish changed ventilator parameters and settings" as in the present claimed invention. Furthermore, the combination of Gilmore et al. with Reuss et al. and/or Schulman neither disclose nor suggest "a display generator for initiating generation of data representing a display of prioritized ventilator parameters and settings in the desired order and attributes for distinguishing the changed ventilator parameters and settings" as in the present claimed invention. Consequently, the system resulting from

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the combination of Gilmore et al., Reuss et al. and Schulman neither discloses nor  
suggests the system and method as claimed in claims 2, 4 – 11, 13 and 15 - 22 of the  
present invention.

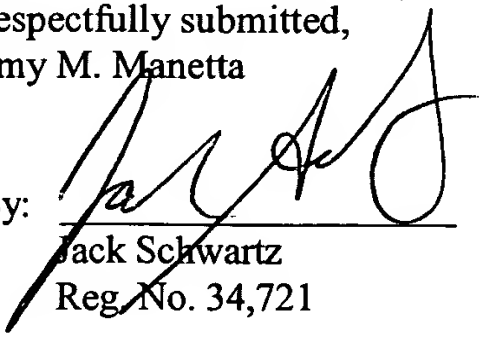
In view of the above remarks and amendments to the claims it is respectfully  
submitted that there is no 35 USC 112 enabling disclosure present in any of Gilmore et  
al. or Reuss et al. or Schulman et al., when taken alone or in combination, that makes  
the present claimed invention unpatentable. As claims 2 and 4 – 11 are dependent on  
independent claim 1 and claims 13 and 15 – 22 are dependent on independent claim 12,  
it is respectfully submitted that claims 2, 4 – 11, 13 and 15 – 22 are patentable for the  
reasons discussed above regard independent claims 1 and 12. Thus, it is further  
respectfully submitted that this rejection is satisfied and should be withdrawn.

Having fully addressed the Examiner's rejections, it is believed that, in view of  
the preceding amendments and remarks, this application stands in condition for  
allowance. Accordingly then, reconsideration and allowance are respectfully solicited.  
If, however, the Examiner is of the opinion that such action cannot be taken, the  
Examiner is invited to contact the applicant's attorney at the phone number below, so  
that a mutually convenient date and time for a telephonic interview may be scheduled.

No fee is believed due. However, if a fee is due, please charge the additional fee  
to Deposit Account 50-2828.

Respectfully submitted,  
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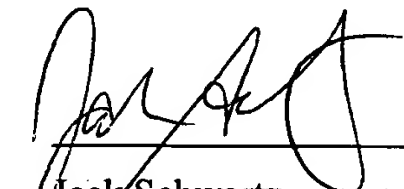
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Date: June 15, 2005

  
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